

POSITION	ID NO.	DATE
CLASSIFIER		
EXAMINER	085	7-5-93
TYPIST	535	4-17-93
VERIFIER	V2564	4-17-93
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS

Claim	Date
Final	
Original	
1	9-8-93
2	9-8-93
3	9-8-93
4	9-8-93
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Claim	Date
Final	
Original	
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SYMBOLS

- ✓ ..... Rejected
- ..... Allowed
- (Through numerical) ..... Cancelled
- ..... Restricted
- N ..... Non-elected
- I ..... Interference
- A ..... Appeal
- O ..... Objected

(LEFT INSIDE)